

CRITERIA FOR PRIOR AUTHORIZATION

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization:
Canagliflozin (Invokana®)
Dapagliflozin (Farxiga®)
Empagliflozin (Jardiance®)

CRITERIA FOR SGLT2 INHIBITORS Must meet all of the following:

- Patient must have a diagnosis of type II diabetes
- Patient **MUST NOT** have a diagnosis of type I diabetes
- Patient must be 18 years of age or older
- Patient must have an eGFR above 60 mL/min/1.73m² for dapagliflozin **OR** above 45 mL/min/1.73m² for canagliflozin or empagliflozin
- Patient **MUST NOT** have any of the following contraindications:
 - Active bladder cancer
 - End-stage renal disease
 - Currently on dialysis

LENGTH OF APPROVAL 12 months